

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90293 040 ****61.25

DOCUMENT # 714157

1. Entity Name

VIRGINIAN APARTMENTS OF POMPANO BEACH, INC.



Principal Place of Business

370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060
US

Mailing Address

370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

44061011



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1229740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANDE, ANDREW
330 S CYPRESS RD
APT 608
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
CHERRY, CATHERINE
Street Address (P.O. Box Number is Not Acceptable)
350 S. CYPRESS RD APT 522
APT 522
City POMPANO BCH, FL FL Zip Code 33060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LUNDT, IRIS 350 S, CYPRESS ROAD APT. 505 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERSONETTE, PEGGY 350 S CYPRESS ROAD APT 523 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHITE, HENRY 350 S CYPRESS ROAD APT 501 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TULLY, FRANCES 412 S CYPRESS RD APT 424 POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVENS, TOM 418 S CYPRESS RD APT 107 POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT STIPP, CHERYL 330 S CYPRESS RD APT 602 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS/D LUNDT, IRIS 350 S CYPRESS ROAD APT 508 POMPANO BCH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSONETTE, PEGGY 350 S CYPRESS ROAD APT 523 POMPANO BCH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CATHERINE CHERRY 350 S CYPRESS ROAD APT 522 POMPANO BCH, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D GRANDE, ANDREW 330 S CYPRESS ROAD APT 608 POMPANO BCH, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D DONALD WRIGHT 418 S CYPRESS ROAD APT 109 POMPANO BCH, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT/D STIPP, CHERYL 330 S CYPRESS ROAD APT 602 POMPANO BCH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #